



DFCS Family Team Meeting Facilitator Training, Parts 1 and 2: Participant Guide



Acknowledgements:

This FTM Facilitator's Training, including the Trainers Guide and Participant's Guide, was written by Andy Kogerma, State DFCS Family Team Meeting Coordinator. Questions, comments, or suggestions for improvement are welcome and should be sent to Mr. Kogerma at: ankogerma@dhr.state.ga.us ; phone # 404-272-7613.

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Please note that the material in this PG has been integrated from numerous sources. Three were especially important:

- **“The Child Welfare Policy Practice Group Participants Guide”**, written by **Cornelius Bird, Linda Bayless, June Hirst from the Child Welfare Policy and Practice Group. Paul Vincent and the CWPPG developed the FTM Model used in Georgia**, and have provided numerous training and support activities throughout the state. Their PG served as the template for this PG and some of the original CWPPG material is used with permission and retained.
- **State of Iowa DHS FTDM Materials**. The State of Iowa DHS has provided valuable forms and other materials for use in Georgia. Specifically, modified versions of the following Iowa DHS materials are included in this PG: FTM Forms (Appendix #2), FTMs in Domestic Violence Cases Summary (Appendix #3), Learning Objectives, “Core Functions” diagram and narrative.
- **Dr. Jolie Baines-Pilsbury, Sherbrooke Consulting, “Results Based Facilitation”**. Dr. Pilsbury is a internationally recognized professional facilitator and has served as a true teacher and mentor for me in the nuances of listening and advanced facilitation. **Her work, and spirit, is woven through this entire curricula.**

The work of the Child Welfare Policy Practice Group was invaluable in producing this PG, and we gratefully acknowledge their ongoing partnership and support in helping to bring FTMs to Georgia.

Other sources used were:

- Handbook of “Family Team Conferencing”, Center for Study of Social Policy
- “CPPC: Getting to Results”, CSSP Publication
- “Family Group Conferencing as a General Model of Practice”, American Humane Association publication

TRAINING GOAL: To introduce participants to the FTM process and to develop skills in facilitating Family Team Meetings.

Learning Objectives

Upon completion of the course, learners will be able to:

- Identify the benefits of Family Team Meetings to families, DFCS workers, and communities as established in research and practice.
- Distinguish the roles and responsibilities of the FTM Facilitator, the FTM Co-Facilitator, the family, and the participants in the family team.
- State how FTMs may be used to enhance CPS, Foster care, and OFI case management
- State DFCS Policy and Practice Standards for using FTMs
- Identify the goals of the FTM Preparation Interview
- Demonstrate effective preparation for the FTM
- Identify and Demonstrate strategic engagement skills for establishing a trust-based relationship including exploring, focusing, and directing skills.
- Identify and Demonstrate an understanding of all the stages in the FTM process
- State how to identify and recruit FTM members
- Identify the benefits of integrating Family Team Meetings into core DFCS Case Management of multiple program areas
- Articulate and demonstrate group formation, development, and facilitation skills including establishing a shared purpose, promoting respect, establishing ground rules, and promoting positive behaviors and outcomes in family meetings.
- State how to assist the family to develop a network of informal supports that sustain family change over time.

- Describe practical solutions to common FTM problems and incorporate good decision making
- Utilize evaluation of their practice using the reflective practice guide for family team meetings
- Develop family plan development skills
- Use FTM to facilitate safe case closure

INTRODUCTION

- NAME:
- PROGRAM AREA:
- YEARS IN SOCIAL SERVICES:
- EXPERIENCE IN STRUCTURED FAMILY MEETINGS (FTM'S, TDM'S, ETC)
- ONE POSITIVE QUALITY I BRING TO THE FAMILY TEAM MEETING PROCESS:

GOALS FOR TRAINING

IT WILL BE A WORTHWHILE TRAINING IF ...

DFCS Family Team Meeting Facilitator's Training, Part I: FTM Overview (FTM Training days 1 and 2)

AGENDA: DAY ONE, FTM OVERVIEW

- Welcome
- Introduction
- Expectations
- ACTIVITY: "My Support Systems"
- Video: "Family Team Conferencing"
- History of FGDM/FTM process
- VIDEO: "Family Group Conferencing"
- FTMs in Georgia
- Becoming an FTM Facilitator
- FTMs in DFCS: CPS, Foster Care, OFI
- Using FTMs to Create a CPS Family/Case Plan
- FTMs and Domestic Violence
- FTMs and Substance Abuse
- What is "Facilitation?"
- Role of the FTM Facilitator
- Role of the FTM Co-Facilitator
- FTM Preparation Interview
- VIDEO EXAMPLE: Preparation interview
- FTM Logistics: Setting Up an FTM
- FTM Stages: Overview
- FTM Stages: Welcome and Introductions
- FTM Stages: Purpose and Outcomes
- FTM Stages: Non-Negotiables/Confidentiality
- FTM Stages: Ground Rules
- VIDEO EXAMPLE: Setting the FTM Stage
- Day One Conclusion

AGENDA: DAY TWO, FTM OVERVIEW

- Welcome and Introduction to Day Two
- Questions from Day 1
- ACTIVITY: "The Story"
- FTM Stages : Purpose/Outcome
- FTM Stages: Family Story
- VIDEO EXAMPLE: Family Story
- FTM Stages: Family Strengths
- ACTIVITY: Identifying Strengths
- Mitigating Strengths and the Family Plan
- FTM Stages: Family Needs
- FTM Stages: Prioritizing Needs
- FTM Stages: Brainstorming Solutions
- FTM Stages: Creating the Family Plan
- VIDEO EXAMPLE: Brainstorming, Planning
- FTM Stages: Closure
- VIDEO EXAMPLE: Closing the FTM
- FTM Core Conditions: Overview
- FTM Core Conditions: Genuineness
- FTM Core Conditions: Respect
- FTM: Core Conditions: Empathy
- ACTIVITY: Empathy Circles
- ACTIVITY: FTM Fist
- Next Steps
- Evaluations

DFCS Family Team Meeting Facilitator's Training, Part II: Skill Development (FTM training Days 3 and 4)

Day 3-4

- Introductions
- Agenda
- Housekeeping
- ACTIVITY: FTM Experiences
- ACTIVITY: Large group Video discussion: "A Plan for Joseph"
- Engagement Continuum and FTM facilitation
- Guidelines for FTM Feedback
- Solution Focused Questioning and FTM facilitation
- FTM Role Play and Video feedback

MY SUPPORT SYSTEM

Informal Supports	Formal Supports	

FAMILY TEAM MEETING

The Family Team Meeting is a process that brings together (a) family (b) interested people (such as friends, neighbors, community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies) with the family to:

- Learn what the family hopes to accomplish
- Set reasonable and meaningful goals
- Recognize and affirm the family strengths
- Assess family needs
- Create a plan which meets family needs
- Design individualized supports and services that match the family's needs and builds on their strengths
- Achieve clarity about who is responsible for agreed upon tasks
- Agree on the next steps

This team

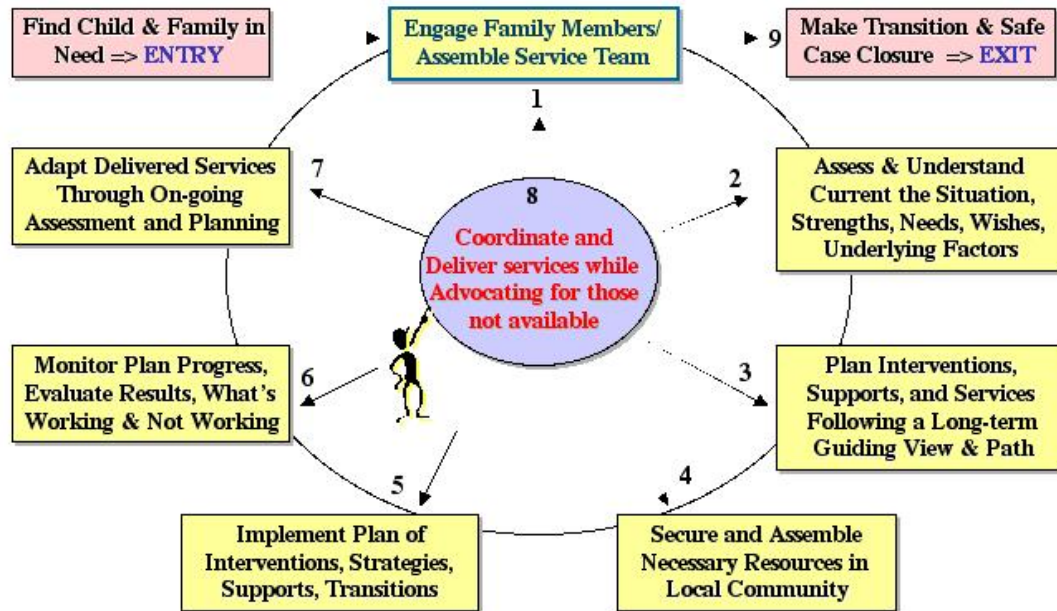
- helps achieve safety, permanency, stability and well-being
- brings together the wisdom/expertise of family and friends as well as the resources, experience and expertise of formal supports
- works together to assure safety and meet the needs of children and families.

Principles of the Family Team Meeting Process

- The focus is on needs rather than the symptoms. Unless the underlying needs are addressed, behaviors which create risk to children may only be suppressed to reappear later.
- Most people are capable of change with proper support. Most people are able to find the solutions with the help of friends, family, and caring people, especially when they are helped in a caring way to identify the solution.
- All people and families have strengths. Many people have difficulty identifying strengths in themselves or others; the Family Team Meeting is an opportunity to help the family identify strengths they may not be aware of, strengths which will help them succeed with their Family Plan and make real, long-lasting life changes.
- A solution that a family helps to generate as part of the FTM is more likely to fit that family because it will respond to its unique strengths and needs.
- A family is more invested in a plan developed in the FTM and so more likely to complete the plan. This means there is less “back-end” case management work, since the family is achieving the Goals of the Family/Case Plan.
- The presence of extended family members and friends in the FTM helps identify solutions that no formal system would be able to generate.
- Family and friends provide love and caring in a way that no formal helping system can, and that support during a FTM helps a family make real and lasting life changes.
- The FTM, by bringing together a number of caring people in the same room, helps create energy that fuels the engine of change.

Core Functions in Child & Family Practice

Every function in this “spinning wheel” requires use of strategy & technique for effect



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Each core function is supported in the FTM process. In conducting a family team meeting:

- the family is further engaged [Step 1] through the preparation and facilitation of a meeting where the family's opinions are respectfully considered and their natural support system is included;
- the family team which includes informal as well as formal support persons provide further assessment and understanding [Step 2] of the family and their circumstances as strengths, needs, and underlying factors are considered and discussed;

- as the family plan [Steps 3, 4 & 5] is developed by the team, interventions, supports, and services are planned, resources are considered, and implementation of the plan begins;
- as the family team is reconvened to monitor progress [[Step 6], further assessment of what's working or not working is conducted, and services are adapted or changed; [Step 7] or, when planning for transition and safe case closure [Step 9].

THE FAMILY TEAM MEETING PROCESS

- ❖ Engage with the family
- ❖ Learn about the family and possible team members
- ❖ Conduct Preparation Interview
- ❖ Prepare for Family Team Meeting
- ❖ Conduct Family Team Meeting
- ❖ Follow-up to FTM
- ❖ Further FTMs, if needed

FACILITATION

Facilitation is a highly specialized area of group intervention, different from training, chairing, or coaching. Facilitation involves bringing in a neutral external third party to help a group (an unit, an agency or corporation, for example) to help generate their own solutions to particular issue (personnel or decision making issues, for example).

Short term facilitation helps a identified group of people generate their own solutions to a identified problem or issue.

Long-term facilitation helps a identified group of people learn the skills to solve present and future problems or issues without the help of an external facilitator.

An effective facilitator must have highly developed group engagement and listening skills. Especially critical is being able to remain NEUTRAL in order to help the group generate their own solutions. The effective facilitator is not a content expert, and does not share opinions or insights.

The effective facilitator practices and models two key beliefs:

- **“Trust the Group”**

- **“Ask Before Telling”**

STAGES OF THE FAMILY TEAM MEETING

- ❖ Preparation Interview (pre-meeting with family)
- ❖ FTM: Welcome and Introductions
- ❖ FTM: Review Family Purpose for FTM
- ❖ FTM: Explain FTM Outcomes
- ❖ FTM: Discuss Non-Negotiables/Confidentiality
- ❖ FTM: Develop Ground Rules
- ❖ FTM: Listen to Family Story
- ❖ FTM: Identify Family Strengths
- ❖ FTM: Identify Family Need
- ❖ FTM: Prioritize Needs
- ❖ FTM: Brainstorm Solutions to Prioritized Needs
- ❖ FTM: Develop Family/Case plan
- ❖ FTM: Next Steps and Closing
- ❖ Follow –up to FTM

PREPARATION INTERVIEW: OVERVIEW

The preparation interview may actually be thought of as the first stage of the FTM, and is one of the most important events in the FTM process. During the Preparation Interview it is crucial to use exploring and focusing skills to engage with (“join”) the family and to gain an understanding of the current situation. It is important in this stage that the worker spends time listening to the family, in order to understand the family’s perspective on their situation, as well as their values and culture. It is here that the worker introduces the FTM process to the family, and helps the family understand the FTM process in detail.

THE PREPARATION INTERVIEW: GOALS

- Engage the family member with you and the FTM process
- Describe each stage of the FTM process, explaining the FTM is the “family’s meeting”
- Explain the ‘outcome’ expected for the FTM (e.g., Family/Case Plan)
- Help family identify their “purpose” for the FTM
- Explain the “family story”; ask family member to tell you their story
- Explain how the FTM focuses on strengths before needs
- Explore who the family would like to be part of the FTM, and what they can contribute toward the FTM outcomes

- Identify anyone else who needs to be part of the FTM, and come to agreement about who will be invited
- Identify and resolve any potential conflicts between possible FTM members (emotional, legal, etc.)
- Clearly discuss any “non-negotiables” which will be part of the FTM (e.g., court orders; particular needs which must be on a plan, such as DV or substance abuse)
- Agree on time and place for the FTM

Sample Questions for Preparation Interviews

To the parent:

- What would you like to have happen as a result of this meeting?
- What do you see as your strengths? If I’m your child, how do I know that you love me—what do you do?
- What are concerns you have? Needs?
- What are your child’s strengths? What do you like best about your child?
- What does your child need?
- Describe what success is for your family. What would (family member or support person) be doing differently to achieve success?
- Can you think about what you would like team members to know about your family story, including how you got involved with the agency.
- Who are the people who care about you...your family...your child?
- Who would you want to be at your team meeting?

- If we invited all the people who care about your family to come to a meeting, what would be some good things that might come from their participation?
- Where would be the best place for the Family Team Meeting?

To Other Team Members (and possibly the parent as well)

- Family Team Meetings come from the heart and can be emotionally charged. What might be some of your concerns?
- Considering we are bringing together a lot of folks, what can go wrong? What are your concerns?
- What is the family doing at this time that may help them achieve their goals?
- Can you identify strengths now (and possibly jot them down in preparation for presenting them at the meeting)?
- Can you be prepared to discuss the needs of the family? Do you understand the difference between behavior and needs?
- Do you have any concerns about your participation on the team?
- What value do you see yourself bringing to the team process?
- Do you need more information about the role of the facilitator?

PREPARATION INTERVIEW WORKSHEET

1. Engage the family member genuinely, with empathy and respect.

 2. Describe the meeting process and explain purposes/outcomes of the meeting

 3. Explain family story

 4. Explain that the focus is on strengths and needs

 5. Identify who the family would like to be part of the FTM

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6. Identify any other FTM participants, come to agreement about who will attend

 7. Identify and resolve any potential conflicts

8. Discuss any Non-negotiables

9. Discuss time and place .

THE STAGES OF THE FAMILY TEAM MEETING

One: Welcome and team member introductions.

Two: Explain the Family Team Meeting process and philosophy.

Three: Facilitator reviews family's Purpose for the meeting.

Four: Facilitator discusses Outcomes for the meeting

Five: Non-negotiables and Confidentiality: Facilitator discusses any non-negotiables and asks FTM members to sign confidentiality statement.

Six: Ground Rules: Facilitator and group develop a set of ground rules for the FTM.

Seven: Family Story: Family shares their "story". This may be the first time that the team has heard the family's perspective of how they became involved with the agency. The family story establishes this time as the "family's meeting" and assists the team in developing empathy for the family.

Eight: Strengths/Mitigating strengths: Facilitator asks team members to identify family strengths to achieve outcomes; co-facilitator records each strength on Easel Pad.

Nine: Identifying/prioritizing Family Needs: Facilitator and team identify individual and family needs; co-facilitator records on Easel Pad. Beginning with family, needs are prioritized.

Ten: Brainstorm How to Meet Prioritized Needs: Team creates a list of ideas (recorded on Easel Pad by Co-Facilitator); not limiting possibilities based on available funding or services.

Eleven: Develop Family/Case Plan (Agreement for Who Will Do What, When): Ensure that steps are small and measurable with time limits; identify what, who, and when to accomplish steps; design some steps to be short term to permit early success. This is recorded on Easel Pad by Co-Facilitator; when written, each team member gets a copy of the plan.

Twelve: Assessing What Can Go Wrong: The facilitator helps the team to explore if there is anything they can foresee that can go wrong with the plan.

Thirteen: Next Steps and Closing: Thank family and team members for their efforts. Review next steps. Distribute Family/Case Plan, or commit to providing a written copy to each team member.

FTM STAGES WORKSHEET

Welcome participants and facilitate introductions

Discuss purposes and outcomes for the meeting

Discuss the non-negotiables and confidentiality

Ground Rules

Family Story

Strengths to achieve outcomes

Needs related to outcomes

Brainstorming how to meet needs

Developing the plan, assigning responsibilities

Assessing "What can go wrong"

Next steps

Closing

the Story

A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

1. A man appeared after the owner had turned off his store lights.	T F ?
2. The robber was a man.	T F ?
3. The man who appeared did not demand money	T F ?
4. The man who opened the cash register was the owner.	T F ?
5. The owner scooped up the contents of the cash register and ran away.	T F ?
6. Someone opened a cash register.	T F ?
7. After the man who demanded the money scooped up the contents of the cash register, he ran away.	T F ?
8. While the cash register contained money, the story does not state <u>how much</u> .	T F ?
9. The robber demanded money of the owner.	T F ?
10. A businessman had just turned off the lights when a man appeared in the store.	T F ?
11. It was broad daylight when the man appeared.	T F ?
12. The man who appeared opened the cash register.	T F ?
13. No one demanded money.	T F ?
14. The story concerns a series of events in which only three persons are referred to: The owner of the store, a man who demanded money, and a member of the police force.	T F ?
15. The following events occurred: someone demanded money; a cash register was opened; its contents were scooped up; and a man dashed out of the store	T F ?

BUILDING TRUST-BASED RELATIONSHIPS FOR A SUCCESFUL FAMILY TEAM MEETING

FOUNDATIONAL SKILLS FOR A FTM FACILITATOR

CORE CONDITIONS FOR A HELPING PROFESSIONAL

- **Genuineness**
- **Respect**
- **Empathy**

THE “ENGAGEMENT CONTINUUM”: EXPLORING, FOCUSING, GUIDING SKILLS

EXPLORING SKILLS

- **Active Listening**
- **Attending Behaviors**
- **Reflections**
- **Mirroring**

FOCUSING SKILLS

- **Questions including solution-focused questions**
- **Summarization**
- **Clarification**
- **Reframing**

GUIDING SKILLS

- **Give options, advice, directions or suggestions**
- **Providing Effective Feedback**

CORE CONDITIONS

The idea that there are “Core Conditions for helping professionals” was formulated by Dr. Carl Rogers in the 1950’s. *Dr. Rogers found that people and families were more likely to make meaningful and lasting change in their lives when the professionals trying to help them demonstrated these “Core Conditions”*; in other words, whether a person or family makes meaningful change sometimes depends on how that person or family is engaged, and on qualities shown by the person trying to help.

Dr. Rogers describes these Core Conditions as: Genuineness, Respect, Empathy.

GENUINENESS

Genuineness may be seen as:

- being congruent in what you say and do (verbal behavior is consistent with non-verbal behavior)
- being non-defensive
- being aware of your own feelings while at the same time responding to the family member in a manner which opens up, rather than closes, communication
- express yourself naturally, without any professional “airs”
- communicating trustworthiness and acceptance of the other person

RESPECT

Respect is also known as “acceptance” or “unconditional positive regard”.

Respect has two aspects: (1) a persons respectful attitude or values system about other people; (2) how this person communicates respect to others in meaningful, observable ways.

Respect . . .

- means you treat others as you want to be treated (the “Golden Rule”)
- is shown for the person, not their behavior
- reflects the belief that each person is unique and valued, that people have the right to self-determination, that people can change for the better.
- can be shown through meeting all commitments (e.g., appointments), recognizing and building a person’s strengths, being open minded

EMPATHY

Empathy is the ability to express understanding of, and compassion for, another person’s experience and understanding.

Like respect, empathy has two aspects: (1) recognizing another’s experience as meaningful and (2) communicating this understanding of the person’s experience.

Empathy is different from sympathy: empathy expresses understanding without validating, while sympathy also validates another person’s experience.

ENGAGEMENT CONTINUUM

Exploring....

Focusing....

Guiding

EXPLORING

Exploring is the phase where we listen to a family tell us their story, and explore this in detail with them.

Primary focus: Listening

Secondary focus: Broad Assessment

Engagement skills which are especially useful in this phase:

Active Listening. Simply put, active listening is when we (a) hear everything a person is telling us and (b) let the person know we are hearing them. We do this through using “reflective listening” as well as “attending” interview behaviors.

Open ended questions/statements. Open ended questions are questions which “mandate a narrative response”, which means you must tell a “little story” to answer them. For example, “Tell me about your life”, is an open ended statement.

Reflective listening. Reflective listening involves using verbal messages to communicate your understanding of the family member’s experience. There are levels of “reflective listening”. Some of the more basic are:

- *“Simple or content reflection”, usually restating all or part of what the person has said:*

Mom: “My husband didn’t drink for over a year. Now he’s been drinking again—for over three weeks. He won’t talk to me. I don’t know what to do.”

Interviewer: “Your husband has been drinking for over three weeks, but didn’t drink for a year before that.”

- *“Feeling reflection”, reflecting the person’s emotional response*

Mom: "My husband didn't drink for over a year. Now he's been drinking again—for over three weeks. He won't talk to me. I don't know what to do."

Interviewer: "Sounds like you're feeling confused and upset."

- *"Advanced reflection", such as the Carkuff Technique, which reflects content, feeling about content, a hoped for outcome, then asks for clarification.*

Mom: "My husband didn't drink for over a year. Now he's been drinking again—for over three weeks. He won't talk to me. I don't know what to do."

Interviewer: "I hear you saying that your husband did not drink for over a year, started drinking again about last three weeks ago, and won't talk about his drinking with you(*content*), and you feel confused and upset about this (*feeling*), and you'd like him to stop drinking immediately but also want him to talk to you, to open up about what's wrong (*hoped for outcomes*). Is that right?"(*clarification*)

Attending Behaviors. Simply put, these are verbal, para-verbal, and non-verbal behaviors which communicate that (a) we are listening to a person, and (b) respect, acceptance and trust.

Following are two categories of attending behavior:

- **Physical attending** is the intentional use of the environment and body to demonstrate respect for, acceptance and interest in the family member. This includes eye contact, head nodding, and other physical behaviors. One example is the "SOLER" attending posture: researchers found that when an interviewer uses the "SOLER" (Straight, Open, Leaning slightly forward, Eye contact maintained, Relaxed) posture, the person being interviewed feels more relaxed and engaged
- **Psychological/verbal attending** involves observing and listening to the family member and responding. This includes the use of "minimal encouragers", such as "Um-Hmmm!", "I see", "And then. . .". This also includes speaking in a tone of voice which is engaging to the family and "congruent" with the words we are using.

FOCUSING

Focusing is the phase where we explore specific issues in detail with the family, such as the issues which brought DFCS their lives and the family's strengths and needs.

Primary focus: Questioning

Secondary focus: Assessment in specific areas, for planning or decision making

Questioning: In addition to **open-ended questions**, in this phase we use all other types of questioning as well. This includes

- **Probing questions/statements** (also called “indirect” questions), which are more focused exploratory/open ended questions, such as “Tell me about your husband’s drinking.”
- **Closed ended questions**, which are simple “yes” or “no” questions, such as “Has your husband had any alcohol today?”
- **Solution Focused Questions.** (See PG section on SFQ’s)
- **Motivational Questioning**, which helps a person identify and understand their motivation and resistance to change a behavior.

Reframing helps a person see their situation from another, hopefully more positive, point of view. “Every crisis is also an opportunity”, “It’s just a developmental stage—he’ll out grow this soon.” are both examples of positive reframing.

Clarification and Intentional Confusion, while distinct techniques, are frequently used together. “I’m feeling confused about something—help me to understand . . . ” is an example of this.

Summarization simply summarizes (a) what has been discussed and (b) what has been decided. This is an especially useful transitional technique in an interview or an FTM when moving from one key stage to another. Summarizations can be used for a variety of other purposes, including:

- To keep the interview focused and on track, especially in rambling or disjointed conversations.
- To check your understanding of what the person is saying.
- To highlight contradictions or ambivalence.
- To structure the interview, particularly in the beginning and in the end of the interview.

GUIDING

Guiding is the phase where we discuss specific service/plan issues and options-- the “problem solving” phase of case management.

Primary focus: Planning and/or decision making

Secondary focus: Listening, questioning

Options, advice, directions or suggestions. In offering advice it is critical to not use the “cookie cutter” or “all families are the same” approach. ***To be effective, we must listen and ask the family for solutions before offering our own.***

Providing Effective Feedback is critical.

- Positive feedback identifies and reinforces desired behavior. This includes identifying strengths, offering compliments, using Solution Focused Questioning.
- Critical feedback identifies behaviors and feeling states (e.g., rage) which need to change for positive growth.

Use the following “Feedback Guidelines” whenever possible:

FTM FACILITATOR GUIDELINES FOR EFFECTIVE FEEDBACK

1.) *Strengths First*

Begin feedback by first asking person what s/he thinks s/he did that was effective. Only then do you offer your own observations about what was effective.

2.) *Suggestions Second*

After confirming what was effective, ask the person what they might do differently to be even more effective. Only then do you offer additional behaviorally specific observations about how the person might change their approach (e.g., “I notice that you referred to Ms. Jones in the 3rd person—how do you think you would feel if you were Ms. Jones? How might you do that differently next time?”)

Positively Stated Feedback: Feedback is most helpful when it is both specific and positively stated. It is easier to stop doing something that is counterproductive when a more helpful behavior can be substituted, so positively stated feedback is useful feedback.

It is *critical to be behaviorally specific*. Identify specifically what s/he did or said and how this might have impacted the person or process. Positively stated and behaviorally specific feedback about behavior helps people to get a clearer picture and enables them to build on what has been effective, to build on their strengths.

SOLUTION-FOCUSED QUESTIONS

Solution Focused Questioning developed from the Brief Family Therapy approach developed in the 1980's. *For decades, therapists had known that clients frequently report an improvement in their lives in between the time they scheduled their first therapy session and the session itself, but the standard clinical approach was to categorize this as an act of denial, a "flight into sanity" to avoid facing the family's "real" problems.*

During the 1980's, a group of therapists said "Why don't we listen to our clients?", and began asking probing questions such as "What exactly is different in your life now from when you called to make the appointment? How are you different? How is your family different?" and so on.

Through these questions therapists were able to determine that families were actually beginning the process of change in their lives, building on existing, sometimes 'informal', strengths and resources. This is how Brief Family Therapy and Solution Focused Questioning originated.

In the past 25 years Solution Focused Questioning has proven to be effective not only in family therapy, but in child welfare intervention as well.

The reasons? *Using Solution Focused Questions, or "SFQ's", is both effective and simple. Once learned, the specific type of SFQ may be used effectively in a variety of situations.*

Below are a sample series of different SFQ's.

Solution Defining: These questions help family members define who, what, why, where, when and how of the problem and the solution. These questions/statements help create a context for both identifying a problem as well as its solution.

Examples include:

- Under what circumstances is this likely to occur?
- When this happens (your husband loses his temper and threatens the children) what do you do?

- What are the positives for you in continuing to stay in this relationship?
- Who else is concerned about this problem in your family?
- What would have to be different for you to not be afraid?
- How often did it happen last week?
- Who was there when it happened?
- Where were you when Johnny had his temper tantrum?

Coping Questions/Statements. “Coping Questions” demonstrate empathy and respect for the person, without validating any behaviors. These questions/statements praise effort.

- “I don’t know how you cope.”
- “How come it’s not worse, given all the stresses in your life?”
- “I’m sure there are days you just feel like quitting being a parent and running away from it all—what stops you?”
- “It’s not easy to raise three children on your own. How did you do it?”
- “After having been through what you’ve been through, how did you find enough strength to keep pushing on?”
- “What do you need to do so that you’ll feel good about yourself and in control of your life again?”

Relationship Questions. These questions ask the person to see themselves from someone else’s point of view, especially someone loved by/important to the person. These questions are very useful with client’s whose behavior harms and hurts people close to the person, and where the person may engage in “denial” of this (e.g., people with an addiction).

- “What do you think your children would say they like best about you when you are sober?”
- “If your children could change one thing about you, what do you think it would be?”
- “When you force yourself to get out of bed and walk the kids to school, what do you suppose your children will notice different about you?”

Exception Seeking Questions: These are perhaps the most used type of SFQ. “Exceptions” are considered to be times in the family’s life when the problem has not occurred, is not occurring, or will not occur. For this reason we have “past”, “present”, and “future” exception seeking questions.

Past Exception Seeking Questions: Simply put, these are times in the past when the “problem” either did not occur, or when the family was able to successfully cope with the problem. These questions are based on a simple premise: present success builds on past success.

It is empowering to the family member to realize that there was a period in his or her life when he or she was more successful than he or she feels at this moment. This helps the family and you to identify coping strategies which were successful in the past.

- “What would it take for you to bring back the confidence you had when you were in high school?”
- “When is the past was _____ not a problem? What was different about those times?”
- “You say in the past were you able to handle the stresses of being a parent without using alcohol or other drugs—when was that? What was different about those times?”
- “You say your husband quit drinking for six months several years ago. Tell me about that time. What was your life like? What was different then from now?”
- “One of your goals is to find a full-time job. When in the past were you working full-time? What kind of work did you do?”

Present Exception Seeking Questions. These questions focus on times in the present when the problem is not occurring. These may be somewhat difficult for family members to answer, as they are so used to being “problem focused” about their lives. These help to identify current resources/coping skills in the family.

- “I can see you have every reason to be depressed. When do you suppose you get a little bit less depressed? How would you say you are different when you are a little bit less depressed?”
- “You are saying that you didn’t drink for five days last week. How did you do it?”

- “Tell me-- what is different for you at those times when your children misbehave and you don’t lose control with them. How do you explain that? What would have to happen for you to do it more often?”
- “You say ‘95% of the time’ you have to ‘whip Johnny’s butt’ to get him to ‘mind you’. Tell me about the 5% of the time when he listens to you and minds you without having his butt whipped. What is different about those times?”

Future Exception Seeking Question: the Miracle Question. The miracle question is simple yet powerful. It allows the **family** to visualize life without a particular problem. This helps them (a) see some hope that life can be different (b) begin to act as if life can be different.

The Miracle Question is:

- “Imagine that when you leave here today you go home and everything is the way it is now. Then you go to bed, and while you are sleeping a miracle occurs and _____ (identified problem) is solved, goes away! But since you are sleeping you don’t know the miracle has happened. When you wake up in the morning, how would you know the miracle has occurred?”

This question is followed immediately with a series of “grounding questions, such as:

- “What would be the first thing you would notice?”
- “What will be the first change you will notice about yourself? How will you be different?”
- “How would your spouse be different? What would your spouse notice different about you?”
- “What would you notice different around your house?”

There are also more minor, “informal” miracle questions which can be used in a variety of situation, including with children. These include:

- “If you had three wishes, what would they be?”
- “If you had a magic wand and could grant you one thing that would solve the problem/meet the need that your family is now facing what would you wish for?”
- “If you could paint a picture for me of what your family would be like if all this were solved, what would that picture look like?”

Scaling Questions: Scaling questions are a wonderful informal self-assessment tool. Scaling questions can be used to assess self-esteem, self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc. Scaling questions ask the person to give a number from 1-10 that best represents where he/she is at the moment, then what would need to happen for the person to move up just one number (e.g., “from a 3 to a 4”), or what has happened to help the person move higher on the scale. “Ten” is the positive end of the scale, so higher numbers are equated with more positive outcomes or experiences. Examples of scaling questions include:

- “On a scale of 1-10, with 1 meaning you feel afraid and worried that you can’t succeed and make this meeting work, and 10 meaning you feel good, confident you can succeed...where were you when you were sitting outside in the waiting room before this meeting? Where are you now? What helped you move from ____ to ____?”
- “On the same scale, how hopeful are you that this problem can be solved?”
- “What would be different in your life when you move up just one step?”
- “On a scale of 1-10, how difficult is it for you to maintain the behavioral plan for Tim?”
- “On a scale of 1-10, how were you feeling when we started the FTM? Where are you now? What has helped you move from ____ to a ____?”
- “On a scale of 1-10, how much would you say you are willing to work to solve the problem?” If the client gives a low answer you could ask, “What do you suppose your husband would say you need to do to move up one point on the scale?”
- “On a scale of 1-10, how important do you think this decision is to your family?”

Additional Solution-focused Questions

Often family members have more solutions available than they realize. Solution-focused questions are questions the helper can frame to help the family member direct attention to useful answers that will move them forward. These questions can empower family members to find their own solutions. Here are some additional examples of solution-focused questions:

- How do you keep making it work for you and your family?

- What are some of your family's strengths that can be used to accomplish the plan/steps/changes?
- What needs to change to make you feel safe?
- Under what conditions have you been able to make your family safe?
- What solutions have worked for you in the past regarding _____?
- When was the last time _____ didn't happen?
- Who else is interested in helping your family change?
- How have you been able to change/accomplish things that are important to you before?
- What is the role of other family members in helping your family change?
- What do you get from continuing this behavior?
- How will this step/service help you?
- What is happening in your family that keeps you from doing this?
- What would need to be done to help you do this?
- What do you want right now?
- What would make this possible?
- What have you tried that has not worked?
- If you could change one thing, what would it be?
- When are you and your son able to have a good time together?
- When things are going well, what is your family doing?
- Describe the last good day you had together.
- On a scale of 1-10, how important is it that _____?
- What are the common issues that unite your family?
- What do you see as the things that stop you?
- What could help you be more in control and less vulnerable?
- How can you increase the involvement of each family member in the plan?
- Where do you feel stuck?
- How do you describe what it feels like to be stuck?
- What is one step that you could take to move forward?
- What is the most important to address for you?
- When and under what circumstances is this behavior likely to occur?
- How and under what circumstances is this behavior likely to occur?
- With whom is this behavior likely to occur?
- What are some ways you can disrupt/change the patterns of behavior that aren't working for you?
- What are some ways that the positive/effective behaviors could increase?

- What motivates you?
- What causes you to be uncomfortable?
- What new understandings/experiences would help you to change?
- What are you concerned about that could go wrong if you follow this course of action?
- What are you afraid might happen?
- If you were to wake up tomorrow and find that this problem was gone, how would you and your family be different?
- If you were to wake up tomorrow and find that this problem was gone, what do you think would have happened to make it go away?
- When was the last time you expected this _____ to happen and it didn't?

APPENDIX #1: FTM FACILITATOR EVALUATION CHECKLIST

FTM Facilitator Evaluation Checklist

Facilitator Name:	Family Name:	Date:
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Area and Competencies: Standards of Practice	Meets DFCS Expectations			
	Yes	No	N A	See Comments
Preparation				
1. The <i>family understands the purpose and philosophy</i> of the FTM process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <i>Family members are ready, able, safe, and eligible candidates for FTM participation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. The <i>right people are invited</i> to the meeting: <ul style="list-style-type: none"> ▪ People necessary for the major decisions to be made ▪ People invited by the family for their own support. ▪ People invited by the agency for service provision. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Participants <i>know the purpose of the meeting and how to contribute</i> in a positive way by: <ul style="list-style-type: none"> ▪ Coming prepared and ready for decision making. ▪ Speaking to their concerns in constructive ways. ▪ Listening with respect to others' concerns. ▪ Recognizing and building on family strengths and needs. ▪ Sharing information, ideas, and resources. ▪ Keeping personal and confidential information private. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Participants know what to bring to be prepared as well as when and where to meet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <i>Logistic arrangements are made</i> , including: <ul style="list-style-type: none"> ▪ Meeting place and time that is mutually convenient for the family and other participants. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> Meeting place that is conducive for private and confidential conversations. 				
7. <i>Facilitator is prepared to accomplish the primary outcome and purpose of the FTM.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <i>Facilitator and DFCS staff are prepared to follow-up on decisions made and on next step plans.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitation				
9. <i>FTM Facilitator follows the Stages of the FTM: convenes the meeting, defines the outcome/purpose, develops ground rules of the meeting, introduces participants and their roles, defines decisions to be made and the possible range of actions to follow decisions (outcomes), facilitates family story, facilitates identifying family strengths, facilitates identifying family needs and prioritizing needs , facilitates plan development, closure.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area and Competencies: Standards of Practice	Yes	No	N A	See Comments
10. <i>Facilitator uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all view-points, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of the discussion to ensure that all are heard and no one dominates, brings discussion to closure with decisions made, and moves on to next steps, assignments and commitments. This is done by:</i> <ul style="list-style-type: none"> Focusing on results, processes, and relationships. Using engagement techniques and solution focused Questioning for realizing opportunities, building capacities, and solving problems. Seeking maximum, appropriate family and team involvement in decisions. Facilitating the group to build agreements and meet challenges. [What could go wrong 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

with this plan?] <ul style="list-style-type: none"> ▪ Coaching others to do their best. ▪ Confronting problems honestly and respectfully. ▪ Managing power and control issues that arise. ▪ Balancing family-centered proactive with protective authority to keep children safe and help parents succeed. ▪ Celebrating successes and accomplishments 				
11. Builds an understanding of the family and requirements for safe case closure from assessment information, court requirements, and family team discussions, by using: <ul style="list-style-type: none"> ▪ The family's story, strengths and needs, risks, barriers to family change, and family desires to improve. ▪ Requirements for safe case closure [behavioral changes]. ▪ Changes the family must make plus their potential, motivation, and progress as it is being made [prognosis]. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Makes decisions, sets goals, secures commitments to: <ul style="list-style-type: none"> ▪ Set goals for change, selects change strategies, plans interventions and support with family and supporters. ▪ Secures commitments from participants for plans made. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service Planning and Follow-up				
13. The family team meeting provides a basis for service planning, coordination, communication, and accountability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area and Competencies: Standards of Practice	Yes	No	N A	See Comments
14. The family team develops, monitors, and evaluates an individualized, strengths based, needs driven Family/Case Plan that fills safety and permanency requirements while meeting the unique needs of the child and family identified in the assessment. Via the planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>process, the service team assists the family develop and use a network of informal supports that can help sustain the family over time. The family plan:</p> <ul style="list-style-type: none"> ▪ Defines agreed upon goals for the family that include measure of caregiver behavior changes that are consistent with safe case closure requirements. ▪ Focuses on achieving safety, permanency, and well-being. ▪ Addresses the child's needs for attachment, safety and security. ▪ Plans for family preservation or reunification , if necessary. ▪ Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans, if necessary. ▪ Uses supports and services that are most likely to work for the family and be a good fit for the family and situation. ▪ Specifies services and supports to provided that are culturally competent and community based. ▪ Defines how goals are to be measured via behavior changes. ▪ States consequences of not making behavior changes. ▪ Sets time limits, clear expectations, and alternatives. ▪ Defines accountability for actions of the family and service providers and way that accountability will be ensured. 				
<p>15. The effectiveness of each family team meeting is assessed by the team and with adjustments made to improve the ongoing process and results for the family.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. The effectiveness of planned services is evaluated and results are achieved.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments Section

Strengths

Needs and Areas for Improvement

Strategies to Address Needs

This review of my skills has been shared with me.

Facilitator:

Date:

☐

It is my recommendation that this facilitator not be approved as a FTM Facilitator by DFCS at this time.

☐

It is my recommendation that this facilitator complete the strategies to address needs and be observed and evaluated prior to approval as a facilitator.

☐

It is my recommendation that DFCS approve this facilitator to conduct FTM meetings. The facilitator has the skills and has demonstrated competency in FTM facilitation,

Evaluator:

Date:

☐

Additional comments pages have been attached.

APPENDIX #2: SAMPLE FTM FORMS (Agreement to Participate,
Confidentiality)

DFCS Family Team Meeting Agreement to Participate

Family Team Meetings are an organized way for people who care about you and your families to meet and work together to help you find ways to solve problems and make plans for the future.

I understand that I will be asked to plan and attend at least one Family Team Meeting.

I will meet with DFCS staff or another coordinator to learn about the process before the Family Team Meeting takes place.

- Together we will invite family, friends, helping professionals and others who care about my family to be a part of this meeting.
- Information about my family will be shared during the meeting with the people who are a part of the FTM.
- Everyone involved will understand that this information is not to be shared outside the meeting and will sign a confidentiality agreement.

DFCS is training staff in the Family Team Meeting process to help them learn to conduct meetings or participate in meetings that will help families develop and meet their goals for a safe and healthy family. There may be one or two observers at the Family Team Meeting, which are not directly involved with my family. You decide whether there are observers at your meeting:

- ☐ It's OK to have observers.
☐ I would prefer not to have observers.

My family and I are willing to participate in a Family Team Meeting.

Signature

Date

Signature

Date

Signature

Date

DFCS Family Team Meeting
SAMPLE Agreement on Confidentiality

Family Name:

Facilitator(s):

Date:

Location:

We the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other Court action. A written summary of this meeting will be distributed to all participants.

Signature of Agreement
on Confidentiality

Print Name/Address and Phone
Number

Relationship
to Family

Date

APPENDIX #3: CONDUCTING FTMS IN DOMESTIC VIOLENCE CASES

FAMILY TEAM MEETINGS IN DOMESTIC VIOLENCE CASES¹

Challenges to Family Team Meetings

The primary concern for family team meetings with families where there is domestic violence is the safety of all team members, before, after, and during the family team meeting. A thorough safety and risk assessment must be completed prior to a family team meeting being arranged. A critical piece of this assessment process is working with the adult survivor to determine what she believes will help ensure her and her children's safety and well-being. If you don't feel you have the specific domestic violence expertise necessary for a particular situation, it is necessary to involve an individual who has specialized knowledge and skills in the area of domestic violence as a team member, co-facilitator, or as a support person for a team member. In domestic violence situations it is recommended that you engage one of our community partners or a domestic violence liaison for assistance.

This job aid is a summary of the Family Team Conferences in Domestic Violence Cases: Guidelines for Practice; by Lucy Salcido Carter; The Family Violence Prevention Fund; The Child Welfare Policy and Practice Group; October 2003. It is recommended that social workers that conduct family team meetings use this guide as a reference in its entirety. Copies may be ordered for \$7 from:

Family Violence Prevention Fund
383 Rhode Island St. Suite 304
San Francisco, CA 94103
Tel: (415) 255-8900
TTY: (800) 595 4889
FAX: (415) 252-8991
WWW.ENDABUSE.ORG
FUND@ENDABUSE.ORG

Electronic copies in pdf format may be downloaded at no charge at:

http://www.dhs.state.ia.us/dhs2005/cppc/docs/FTC_Guidelines4Practice.pdf

Assessing for Family Team Meeting Preparation

¹ This job aid is a summary of the Family Team Conferences in Domestic Violence Cases: Guidelines for Practice; Lucy Salcido Carter; The Family Violence Prevention Fund; The Child Welfare Policy and Practice Group; October 2003.

If domestic violence is identified as a concern during the assessment the following questions should be answered to determine if a family team meeting is an appropriate course of action².

- Is the survivor afraid of the abuser?
- Is the abuser threatening to harm the mother, the children, or himself?
- Are the severity and frequency of the violence escalating?
- Have the children been used to threaten the survivor or keep the abuser from inflicting further violence? How?
- Does the abuser or survivor have access to weapons?
- Have weapons been involved in prior assaults?
- Has the criminal justice system been involved? If so, are there pending charges or is there a probation or parole officer assigned to the case?
- If the abuser has participated in some type of education or treatment program, how has he responded to that intervention?
- What has been the extent of the survivor's injuries? Have there been injuries requiring hospitalizations?
- Is the abuser or survivor chemically dependent?
- Is there a history of mental illness?

A yes to any of the question does not eliminate the possibility of using a family team meeting, however, it does indicate the issues that must be addressed sufficiently during the preparation phase or a family team meeting should not be held.

Clearly identify the range of possible emotional responses typical for the family will assist the facilitator contend with participants' behaviors during the meeting.

Preparation for a Family Team Meeting

You must determine whether the abuser should participate or can participate safely. If the survivor says "no", it is too dangerous for him to be present, then the decision needs to be "no".

Factors to consider include:³

- 1) his access to the victim
- 2) the patterns of abuse
- 3) his state of mind
- 4) the suicidality of the survivor, children, or abuser
- 5) the presence of other stressors or risk factors
- 6) past failures of the system to respond appropriately.

As the facilitator you should also be able to answer the following questions:⁴

- Is there a restraining order?

²

³ Page

⁴ Page 14.

- Do they live together?
- Is domestic violence a topic that has been addressed publicly with him, the police, a judge, the case manager, other family members? How did he react?
- What are her goals for having his there or not?
- What is the biggest fear if he does participate?
- What is the hope if he is there?
- Is he involved in any services? For how long?
- Are there any current stressors in his life that might make him more violent?

If the abuser cannot safely attend, you may be able to allow the abuser to participate without actually being present:⁵

- Two separately family team meetings may be conducted
- A service provider who has worked with the abuser could be his representative, with his permission
- The abuser could write a letter, responding to questions being asked at the meeting
- He could videotape his response to the questions being asked, the tape should be reviewed prior to showing to insure there is no hidden manipulation

To prepare the survivor when the abuser is attending the meeting; safety is the first priority. Safety planning should be done prior to the meeting:⁶

- Are there any specific topics to avoid?
- Are there safety concerns about anyone else who may also be attending?
- Does she want to discuss the domestic violence?
- How safe does she feel discussing the domestic violence with the abuser present?
- If the children will be present, does she want to discuss the violence?
- What does she want to do if the child or other parties bring it up?
- What has she already discussed with the children regarding the violence?
- How have the children been impacted by the violence?
- What will the impact be on the children if their father's violence is discussed in the meeting without him present? With him present?
- How will the abuser react if his violence is brought up? By her? By others?
- What has happened in the past when his violence has been discussed?
- Are there other community or family members that he will atn at the meeting? How will others feel about that?
- Does she want someone who is an expert in dealing with domestic violence survivors or batterers present at the meeting? How will he react to that?

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⁶ Page 18

- Does she feel that she can safely speak out about her wishes and concern if they are different from those of the abuser?
- How will the facilitator know if the mother begins to feel afraid during the meeting? Can they plan to signal each other if she begins to feel afraid?
- Of all the people she wants to invite to the meeting with whom has she discussed the domestic violence? What have their reactions been?
- What does she think the reaction of people at the conference will be to disclosure of the violence? Will they support her need to be safe and his need to be non-violent?
- What does she fear could go wrong in the meeting? What would be the consequences?
- To avoid surprises, what else does the facilitator need to know about her and her family? If, for example, an aunt is invited, what might she tell the group that would be a surprise?

Preparation with the abuser includes: listening to the abuser and understanding his perceptions are vital to assessing safety and risk. Questions can probe the extent to which he has taken responsibility for his actions, and provides the facilitator with the opportunity to discuss how the abuser can be a constructive participant in the meeting. The following questions can be helpful to you in determining how the abuser might react in the meeting and how to conduct a safe meeting with him present:⁷

- Are there any specific topics to avoid?
- Would it be helpful if a batterer intervention program staff person attended the meeting?
- If the woman wants to discuss the domestic violence, how will he manage that discussion?
- Are there other community or family members that he wants at the meeting? How does he think the woman will react to that? Will these other people support her need to be safe and his need to be non-violent?
- Have any of the people attending the meeting seen him escalate situations when disagreements arose in the past? Will this be a fear or concern of others at the meeting? How can those issues be addressed?
- How can he let the facilitator know that he needs a break during the meeting because of topics being discussed?
- If it has been agreed that the domestic violence will not be discussed, how will he respond if another party brings it up?
- What has happened in the past when the violence has been discussed?
- What has he discussed with the children regarding his violence?
- How have the children been affected by the violence?
- What might the impact be on the children if the violence discussed in their presence in the meeting?

⁷ Page 19

- How can he convey to the woman that she can safely speak out about her wishes and concerns if they are different from his?
- What does he fear could go wrong in the meeting? What might the consequences be of that?
- To avoid surprises what else does the facilitator need to know about him and his family?

Prepare other team members: determine who else should participate. If both the survivor and the abuser are to be present, speak with them about having an advocate for domestic violence survivors and a provider of batterer intervention services at the meeting. To participate effectively these advocates will need to be given information about the family team meeting process, see its value for families and discuss their role in the meeting, especially given that they are not accustomed to working with the family all together.

As the facilitator you will also want to have contact prior to the meeting with any extended family members who want to participate in the meeting. You will want to assess their motivation for participation, and the role they can play in developing an effective plan for meeting the goals of the meeting. If a member wants to bring up the domestic violence but the survivor does not believe it is safe, acknowledge their concerns but counsel them not to bring up the violence during the meeting to ensure the safety of everyone involved.

Preparing children: determine whether the children should participate [see protocol for preparing children]. As the facilitator you will need to assess whether:

- 1) the children are developmentally capable of participating
- 2) the children will benefit from the meeting
- 3) the meeting will cause further trauma to the children
- 4) the children can help achieve the desired outcomes for the meeting.

As the facilitator you will need to consider how the children's presence may inhibit honest conversation by the adults, and how the children will feel about discussing the violence in front of the abuser, if he is there. You will also want to take into consideration that the children are likely aware of the violence, depending on age may want to be heard about how the violence has impacted them and they may be concerned for everyone's safety. One option may be for the children to only participate in part of the meeting.

Facilitating the Meeting

The facilitator must be vigilant regarding the verbal and non-verbal interactions during the meeting. Relying on survivors, survivor advocates, and the DV experts participating in the meeting to monitor these interactions can increase the level of safety. The survivor and facilitator can agree ahead of time on a signal that conflict is escalating or there is a threat.

If conflict escalates during the meeting, implement a pre-determined plan that may include:

- empathizing with the fear or pain the key players are expressing; do not confront the abuse directly; remind them that the meeting participants are there to provide them with support and resources;
- without discounting harms past violence has caused, focus on solutions for the future;
- call a break to allow de-escalation;
- have the person getting angry or escalating the conflict leave the meeting with someone who can help them manage their emotions; or
- stop the meeting

Family team meetings are emotional events. If you perceive that tensions are escalating to the point of danger, check with the survivor using the prearranged signal. The meeting does not necessarily need to be stopped, however, you will need to use your skills, or the skills of others on the team to manage the emotions and de-escalate the conflict. It may be necessary to call a break to allow for everyone to calm down. During the break, take the opportunity to assess with the survivor and the abuser, separately, whether or not the meeting can safely continue. Continue the meeting if:⁸

- The survivor say she wants to continue and she feels safe doing so
- The facilitator believes that reconvening will not jeopardize anyone's safety.
- It appears that the abuser is constructively managing his anger
- The facilitator and survivor believe continuation of the meeting will be productive and
- The safety of the survivor will not be compromised

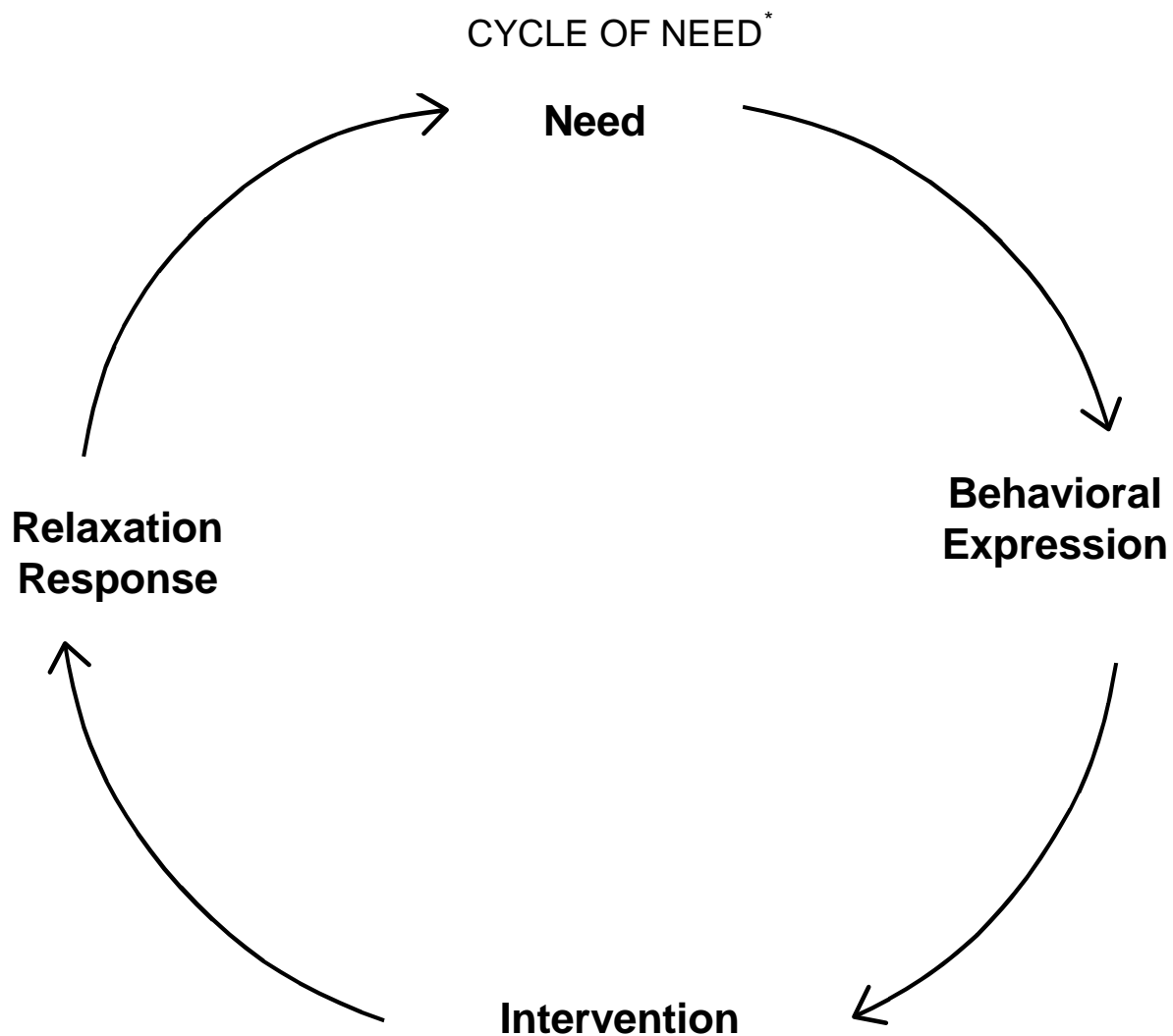
During family team meetings, Domestic Violence may surface as an issue unexpectedly. You may decide not to address it right away, you can defer the discussion to a later time, perhaps a future meeting. This will allow time to prepare the participants and address safety issues. You may also choose to pause the meeting so you can check-in with the parents and other team members separately, and then reconvene if it seems safe and productive to do so.

Planning and Follow-up

Planning and follow-up after the meeting: the case plan should include a safety plan that specifically addresses the family safety issues. If the abuser was present at the meeting and his violence was discussed someone should contact the survivor within 24 hours to assess whether or not there were any negative consequences from the meeting.

⁸ Page 23

APPENDIX #5: CYCLE OF NEED



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- Adapted from V. Fahlberg. *Attachment and Separation: A Workbook*, Project Craft: Training in the Adoption of Children with Special Needs (Ann Arbor, Michigan: University of Michigan School of Social Work, 1980).

APPENDIX #6: SAMPLE GROUND RULES

Remember:

- ASK group to create ground rules BEFORE offering your own.
- Always include the “Golden Ground Rule of FTMs”.
- ALWAYS ask for group agreement on Ground Rules before moving to next stage.

SAMPLE GROUND RULES

- **Agree to disagree**
- **Respect one another**
- **No personal attacks**
- **Stay on Track-remember why we’re here**
- **No “sidebars”**
- **Cell-phones “off”**
- **Speak to a person, not about a person, and look at person when you speak to them**

APPENDIX #7: What Needs to be Different in an FTM?

APPENDIX #8: PPT SLIDES FROM TRAINING